

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>HOMETOWN FREEDOM ACTION NETWORK</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00528901       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>406 Enterprises LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 41 South High Street 3500 Huntington Center		Amount 331000.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4146
Purpose of Expenditure Mobile advertising (placement)	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014	
Name of Federal Candidate Al Franken		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Wilson Grand Communications, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 429 North Saint Asaph Street		Amount 10000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4145
Purpose of Expenditure Mobile advertising (production)	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014	
Name of Federal Candidate Al Franken		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	341000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	341000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David R Langdon

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 04 / 2014

Signature